

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 28832.50		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6788		
Purpose of Expenditure Payroll estimate for canvassers 10/27-11/8 NC		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 257331.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 28832.50		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6790		
Purpose of Expenditure Payroll estimate for canvassers 10/27-11/8 NC		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2016		
Name of Federal Candidate ROSS, DEBORAH K, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 171144.87			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	57665.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 28 / 2016

Signature